MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 01545

1558

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford 20x-2

STREET ADDRESS (If rural give location) Stewart ave.

3. NAME OF DECEASED: (Type or Print) (First) Boyd (Middle) A. (Last) Alford

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1/26/09

9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Truck Driver

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Tom Alford

14. MOTHER'S MAIDEN NAME: Hattie Clemons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Thelma Alford, Oxford, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral hemorrhage

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Feb., 1955, to 10 Feb., 1955 that I last saw the deceased alive on 10 Feb., 1955, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE J. Edwin Farrell M.D. ADDRESS Cambridge Md DATE SIGNED 14 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/14/55

NAME OF CEMETERY OR CREMATORY Oxford cemetery

LOCATION (City, town, or county) Oxford (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-14-55

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR James B. Oakwell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
FEB 16 1955
BUREAU VV&S

1559

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01546 WC
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 431 Pine St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 431 Pine St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Bishop

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	negro	single	unknown	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework		Maryland	USA

13. FATHER'S NAME: Jerry Bishop

14. MOTHER'S MAIDEN NAME: Hester Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
—	—	217-22-9225	Cambridge, Md. Delena Thomas & Mrs. Grace Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebral hemorrhage	1 hr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-17-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-55	Madison Cemetery	Madison, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-17-55	John Mace Jr. M.D.	William James, Cambridge, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
FEB 25 1955
BUREAU V. S.

1575 Item 2 FilmC179 3-28-55 et 02617

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 119

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Wingate
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS In boat on Honga River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Crapo X
STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) RICHARDSON (Last) BRADFORD

4. DATE OF DEATH (Month) FEB (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-8-1883

9. AGE last birthday: 71 1/2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Sea Food Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Bradford

14. MOTHER'S MAIDEN NAME: Nancy Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 112-18-6778

17. INFORMANT & ADDRESS: Mrs. Zula C. Bradford: Crapo, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Moore Jr. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-3-1955

NAME OF CEMETERY OR CREMATORY Ebenezer Methodist Churchyard:

LOCATION (City, town, or county) (State) Crapo, Maryland

DATE REC'D BY LOCAL REG. Mar 4 55

REGISTRAR'S SIGNATURE Wilson D. Pritchett

24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
MAR 18 1955
BUREAU V. S.

01547

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1560

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

LENGTH OF STAY (in this place) 7yrs.9mos.16das.

16 HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill 23X-2

STREET ADDRESS (If rural give location) -

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) - (Last) Burke

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1857

9. AGE last birthday 98 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Haddock

14. MOTHER'S MAIDEN NAME: Sally Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Eastern Shore St. Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Myocarditis — 10yrs. plus

DUE TO

(C) Senility — 10yrs. plus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis, Simple Deterioration — 10yrs. plus

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Feb. 15, 1955 that I last saw the deceased alive on Feb. 15, 1955, and that death occurred at 4:05PM, from the causes and on the date stated above.

SIGNATURE Robert H. Reddick M.D. ADDRESS Eastern Shore St. Hospital DATE SIGNED Feb. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Feb. 19/55 NAME OF CEMETERY OR CREMATORY Burke LOCATION (City, town, or county) (State) Snow Hill Rural #2 Md

DATE REC'D BY LOCAL REGISTRAR 2-17-55 REGISTRAR'S SIGNATURE John Mace Jr. M.D. 24. FUNERAL DIRECTOR Clay E. Ennis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
FEB 21 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1561

CERTIFICATE OF DEATH

01548

Reg. Dist. No. 11

Item 7, FilmG178 3-15-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Dorchester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 13 Cambridge

LENGTH OF STAY (in this place): 60yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 67 Cambridge Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Dor

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge 13

STREET ADDRESS (If rural give location): 179 Washington St 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Eugene	Hudson	Camper	Feb	27	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Widowed	May-28-1865	89 yrs.	8	29		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
retired		Dorchester Co-Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dennis Camper	Elizabeth Camper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		179 Washington St Eleanor Camper-Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 420.0 (a) Cardiac decompensation — 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio sclerotic Heart Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Lobar pneumonia resolved — 3 weeks

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec, 1954, to 27 Feb, 1955, that I last saw the deceased alive on 27 Feb 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edwin Hurley M.D. — ADDRESS: 227 Pine St-Cambridge, Md. — DATE SIGNED: 3-3-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-2-55	Waugh Cemetery	Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-2-55	John Mace Jr. M.D.	H.M. StClair, Jr.,	High St-Camb., Md.

RECEIVED
MAR 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01549

1562

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
13 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (In this place) 16 days
67 HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural give location) RFD /

3. NAME OF DECEASED: (First) CHARLES (Middle) E. (Last) CHRISTOPHER
4. DATE OF DEATH: (Month) FEB (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 10-14-1889
9. AGE last birthday: 65 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Automobiles
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Christopher
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. not known
17. INFORMANT & ADDRESS: Mrs. Martha Christopher: East New Market Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
157X IMMEDIATE CAUSE	(A) Jaundice	4 wks.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Common Duct (bile) obstruction	4 wks.
	DUE TO	
	(C) Carcinoma adenocarcinoma Pancreas	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	No.	

19A. DATE OF OPERATION. 2/7/55
19B. MAJOR FINDINGS OF OPERATION Carcinoma Adenocarcinoma Pancreas and Bile Ducts
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1955, to 2/17, 1955, that I last saw the deceased alive on 2/17, 1955, and that death occurred at 7:20 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cambridge Md DATE SIGNED 2/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-20-1955
NAME OF CEMETERY OR CREMATORY East New Market Cemetery
LOCATION (City, town, or county) (State) East New Market, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-18-55
REGISTRAR'S SIGNATURE John Mace jr. M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

FEB
BUREAU V. S.

1563

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01550

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: East New Market R.D.1
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Edward (Last) Clay

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 21, 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 6, 1955

9. AGE last birthday: 45 days yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Cambridge

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Edward Clay

14. MOTHER'S MAIDEN NAME: Esther Bierly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Herman Edw. Clay, East New Market, R.F.D.# 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Toxemia	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute respiratory infection	1 day
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 22, 1955

NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. Feb. 22, 1955

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: Kenneth R. Thomas, Cambridge, Md.

MARYLAND 1576

01551

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock — LENGTH OF STAY (In this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Weston (Last) Collins
4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6/25/1867
9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Pollard S. Collins
14. MOTHER'S MAIDEN NAME: Celia Andrew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Miss Susie Collins, Hurlock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation Chronic — 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 20 yrs

(c) Generalized Arteriosclerosis — 34 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓ — HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1/8, 1947, to 2/25, 1955, that I last saw the deceased alive on 2/29, 1955, and that death occurred at 630 A m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): B. Plummer M.D. — ADDRESS: Preston Maryland — DATE SIGNED: 2/26/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/1/55 — NAME OF CEMETERY OR CREMATORY: Washington — LOCATION (City, town, or county): Hurlock, Md (State)

DATE REC'D BY LOCAL REG.: 2/1/55 — REGISTRAR'S SIGNATURE: Chas W Hastings — 24. FUNERAL DIRECTOR: H. B. Willoughby, Hurlock — ADDRESS:

MARGIN RESERVED FOR BINDING

I

BUREAU V. S.

1577

01552 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harrison Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) Harrison Ferry Road

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Henry (Last) Conaway

4. DATE OF DEATH (Month) February (Day) 7 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	July 30, 1893	61 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Day Laborer	Farm	Dorchester Co., Maryland	U.S.A.

13. FATHER'S NAME: Charles Tilghman

14. MOTHER'S MAIDEN NAME: Mahalay Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
No		218-07-7236 ~~220-09-1074~~	Emma Conaway, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace M. D. Cambridge, Md.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2/7/55

23. BURIAL, CREMATION, REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 11, 1955	Thompsontown Cemetery	Near East New Market, Md.

DATE REC'D BY LOCAL REG. Feb 11-1955 REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

RECEIVED
FEB 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01553

1578

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X (Rural) Cambridge

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Cambridge

STREET ADDRESS (If rural give location) R.F.D. 2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) William (Last) Davis

4. DATE OF DEATH (Month) Feb (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 20, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Beatrice Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------ (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: William Davis, Aireys, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

510X

IMMEDIATE CAUSE (A) Acute fulminating laryngo tracheo bronchitis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1955 to 2/22, 1955 that I last saw the deceased alive on 2/21, 1955, and that death occurred at 5 a.m. from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov M.D. ADDRESS Cambridge, Md DATE SIGNED 2/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/23/1955

NAME OF CEMETERY OR CREMATORY: Aireys Cemetery

LOCATION (City, town, or county) (State): Aireys, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-22-55

REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr., ADDRESS: Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

201525 44

1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01554

1579 **CERTIFICATE OF DEATH** Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hurlock
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Percy (Middle) Lawrence (Last) Deane

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 9, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10B. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis M. Deane

14. MOTHER'S MAIDEN NAME: Sarah A. Dunham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 263-05-4479

17. INFORMANT & ADDRESS: Mrs. Ida D. Plummer, Hurlock, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 450.0	(A) Malnutrition	1 month
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Psychoneurotic Depression	6 months
	DUE TO (C) General Arteriosclerosis	1 yr +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1955, to Feb 25, 1955, that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE W C Harrison MD M. D. ADDRESS Hurlock, Md. DATE SIGNED 2/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 27, 1955

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Feb 26 1955

REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son, Federalsburg, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01555

1564

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

LENGTH OF STAY (in this place) 1yr 10mos. 10das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron

STREET ADDRESS (If rural give location) –

3. NAME OF DECEASED (Type or Print) First) Berry (Middle) Greesfreey (Last) Dennis

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-7-85

9. AGE last birthday 6[illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber yard

10B KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Dennis

14. MOTHER'S MAIDEN NAME: Laurie Ann Wimbrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. –

17. INFORMANT & ADDRESS: Eastern Shore State Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2

IMMEDIATE CAUSE (A) Lobular Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (B) DUE TO Angina Pectoris — 2 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Chronic Myocarditis — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis — Over 2 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1954, to 2-1, 1955 that I last saw the deceased alive on 2-1, 1955, and that death occurred at 11:35a, from the causes and on the date stated above.

SIGNATURE Harry J. Crawford M.D. ADDRESS E.S.S.H. Cambridge Md. DATE SIGNED Feb. 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Feb 3rd 1955 NAME OF CEMETERY OR CREMATORY Hebron M.E. LOCATION (City, town, or county) Hebron (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Feb 3, 1955 REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR Holloway & Co ADDRESS Salisbury Md Per S. Preston Holloway

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
FEB 7 1955
BUREAU V. S.

1530

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01556 : 21

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116 112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Vienna
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (Rural) Vienna
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) DENNIS

4. DATE OF DEATH (Month) Feb. (Day) 9 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 24, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Vienna, Dor. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Dennis

14. MOTHER'S MAIDEN NAME: Rachel Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------- (If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Allen Camper, Vienna, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary edema — Interval between onset and death: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aortitis, calacific. — Interval between onset and death: ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mac M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/12/1955

NAME OF CEMETERY OR CREMATORY Drawbridge Cemetery

LOCATION (City, town, or county) (State) Drawbridge, Dor. Co., Md.

DATE REC'D BY LOCAL REG. 2-17-55

REGISTRAR'S SIGNATURE John Mac M. D. Elizabeth W. Daft

24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr.

ADDRESS Cambridge, Md.

RECEIVED
FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01557

1565

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Dorchester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Cambridge
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 215 Henry Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) 215 Henry Street 1

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) J. (Last) ERO

4. DATE OF DEATH: (Month) FEB (Day) 10 (Year) 1955

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-6-1885

9. AGE last birthday 69 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Hardware Store

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Ero

14. MOTHER'S MAIDEN NAME: Anna Ero

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-07-7012

17. INFORMANT & ADDRESS: 215 Henry Street Mrs. Amy E. Ero: Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

IMMEDIATE CAUSE (A) Aortic Aneurysm (Ruptured) — INTERVAL BETWEEN ONSET AND DEATH: 2½ Hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C) Essential Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8 ., 19 55, to 2/10 ., 19 55, that I last saw the deceased alive on 2/10 ., 19 55, and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE W. J. Clarke M.D. ADDRESS M. D. CAMBRIDGE, Md. DATE SIGNED 2/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-12-1955	Dorchester Memorial Park	Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-14-55 — REGISTRAR'S SIGNATURE John Mace M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

1955
BUREAU V. S

1581

Item 12, Pilot 79 3-24-55 et

01558
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cambridge R.D. | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge R.F.D.2
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Lichtl (Last) Hirt

4. DATE OF DEATH (Month) (Day) (Year) Feb.21,1955 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov.21,1882

9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lichtl

14. MOTHER'S MAIDEN NAME: Theresa Schissler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Abraham Hirt,Cambridge,R.D.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY | **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Macy M. D. — CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 2-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Feb.23,1955 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Cambridge,Md.

DATE REC'D BY LOCAL REG. Feb. 22. 1955 | REGISTRAR'S SIGNATURE John Macy Jr. M. D.

24. FUNERAL DIRECTOR ADDRESS Kenneth R.Thomas,Cambridge,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01559

1566 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) Four Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 237 Pine Street

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) (Last) JACKSON
4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 15, 1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months 10 Days 5 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Food Packing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Jackson
14. MOTHER'S MAIDEN NAME: Catherine Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------ (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 221-10-7518
17. INFORMANT & ADDRESS: Pauline Walker, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X
(A) Cardiac Decompensation
ANTECEDENT CAUSE (S)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Hypertensive Cardiovascular Disease
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 March 1954 to 20 Feb, 1955, that I last saw the deceased alive on 20 Feb ..., 1955, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS 227 Pine Cambridge Md DATE SIGNED 23 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/25/1955
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REGISTRAR 2-22-55
REGISTRAR'S SIGNATURE [signature] M.D.
24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01560

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1567

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge

LENGTH OF STAY (in this place) 5 yrs. plus

HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 EASTERN SHORE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely X

STREET ADDRESS (If rural give location) ------

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Elizabeth Howarth Krause

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-11-75

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Howarth

14. MOTHER'S MAIDEN NAME: Elizabeth Howarth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: RECORDS: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.0

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs. plus

DUE TO

(B) Generalized Arteriosclerosis — 10 yrs. plus

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1953 to 2-25, 1955 that I last saw the deceased alive on 2-24, 1955, and that death occurred at 12:45 AM, from the causes and on the date stated above.

SIGNATURE George E. Cuines M. D. ADDRESS Cambridge, Md DATE SIGNED 2/25/55

23. BURIAL, ~~CREMATION~~ REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 2-7 1955

NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield

LOCATION (City, town, or county) (State) Centreville, Md.

DATE REC'D BY LOCAL REGISTRAR 2-25-55

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Baton Bros. Centreville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
FEB 1953
BUREAU V. S.

1582

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01561 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Hills Point)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (Rural) Cambridge
STREET ADDRESS (If rural, give location) (Hills Point)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) WUNDER (Last) MARSHALL

4. DATE OF DEATH (Month) FEBRUARY (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	12-4-1895	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wunder	Rose Burry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Mr. J. Milton Marshall: Cambridge RFD. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	General carcinomatosis	3 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Squamous cell carcinoma cervix.	18 Mo.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
May 1955	Biopsy. Squamous cell carcinoma cervix.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, office bldg., etc.), OF INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

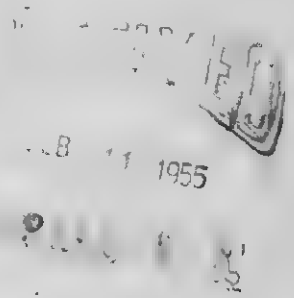
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mac Jr. M.D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-1955	Speddens Sewards Cemetery	James, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-7-55	John Mac Jr. M.D.	LeCompte Funeral Service	Cambridge, Maryland

VS. A15A - 5 - 53


1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01562

1568

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 12 Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Cemetery Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 106 Cemetery Avenue

3. NAME OF DECEASED: (Type or Print) (First) AMIL (Middle) KEYS (Last) PARKS

4. DATE OF DEATH: (Month) FEB (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2-20-1889

9. AGE last birthday: 65 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist

10B. KIND OF BUSINESS OR INDUSTRY: Own Drug Storee

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustavus Parks

14. MOTHER'S MAIDEN NAME: Molly Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Myril T. Parks: Baltimore, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A) Bronchogenic carcinoma of left lung — INTERVAL BETWEEN ONSET AND DEATH: 15 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1953, to Feb 1., 1955, that I last saw the deceased alive on Jan. 31., 1955, and that death occurred at 2 A.M, from the causes and on the date stated above.

SIGNATURE Clifford R Benjamin M. D. ADDRESS 136 Race St, Cambridge DATE SIGNED 2/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-3-1955

NAME OF CEMETERY OR CREMATORY Cambridge Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR Feb. 2, 1955

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
OCT 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01563

1569 **CERTIFICATE OF DEATH** Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 446 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; STREET ADDRESS (If rural give location) 446 High Street

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) FLOYD (Last) PERRY

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 27, 1912

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months 7 Days 23. IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Food Packing

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles S. Perry

14. MOTHER'S MAIDEN NAME: Annie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. 220-09-1609

17. INFORMANT & ADDRESS: Martha Perry, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSE (B) DUE TO (B) Attack Bronchial asthma (severe)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Bronchial Asthma (years).

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1955, to 2/20, 1955, that I last saw the deceased alive on 2/20, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Cambridge Md DATE SIGNED 2/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/23/1955 — NAME OF CEMETERY OR CREMATORY Old Field Cemetery — LOCATION (City, town, or county) (State) Dorchester County, Md.

DATE REC'D BY LOCAL REGISTRAR 2-24-55 — REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Herbert M.St.Clair,Jr.,Cambridge,Md.

1583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01564

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information completely. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Church Creek
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Church Creek X
STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) RUFUS (Middle) A (Last) PHILLIPS

4. DATE OF DEATH (Month) FEB (Day) 4 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-8-1874

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing Industry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Phillips

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Wroten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Rufus Phillips: Church Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-6-1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 2-7-55

REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR ADDRESS LECompte Funeral Service Cambridge, Maryland

FFB

D 330
M. 2.20 P.M.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1954

CERTIFICATE OF DEATH

Reg. Dist. No. 01565

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Church Creek
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Linas Road

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek X
STREET ADDRESS (If rural give location) Linas Road 1

3. NAME OF DECEASED (Type or Print): (First) Tony (Middle) (Last) Pritchett

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 25, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 6 Days 9 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Pritchett

14. MOTHER'S MAIDEN NAME: Rosie Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 212-16-1933

17. INFORMANT & ADDRESS. Rosie Molock Linas Road Church Creek, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

IMMEDIATE CAUSE (A) Hyper. Cardio-Vascular Ht. Dis. — 1 yr.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension — 2 yrs.

DUE TO (C) Gen. Arteriosclerosis — 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1949 to 2/4, 1955, that I last saw the deceased alive on 2/4 1955., and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE Harold M. Wilson M.D. ADDRESS 224 Pine St., Camb., Md. DATE SIGNED 2/4/55

Harold M. Wilson

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/8/55

NAME OF CEMETERY OR CREMATORY: Linas Road Cemetery

LOCATION (City, town, or county) (State): Linas Rd., Church Creek, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-7-55

REGISTRAR'S SIGNATURE: John Mace, Jr. R.

24. FUNERAL DIRECTOR ADDRESS: Herbert M.St.Clair,Jr.Cambridge,Md.

RECEIVED
FEB 11 1966
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01566

1570 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) 6 Pine Street

3. NAME OF DECEASED: (Type or Print) (First) Reuben (Middle) (Last) Sampson

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 5, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10B. KIND OF BUSINESS OR INDUSTRY: Clothing Store

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel J. Sampson

14. MOTHER'S MAIDEN NAME: Susan Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------ (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. 220-10-6752

17. INFORMANT & ADDRESS: Mrs. Helen Sampson, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.0

(A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Feb 19 54 to 8 Feb, 1955, that I last saw the deceased alive on 8 Feb, 1955, and that death occurred at . M, from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett M. D. ADDRESS 227 Pine St-Cambridge, Md. DATE SIGNED 9 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/13/1955

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: Feb. 13/55

REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr.,

ADDRESS: Cambridge, Md.

FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1571 **CERTIFICATE OF DEATH** Reg. Dist. No. 01567

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fishing Creek
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) HANSEL (Middle) D. (Last) TRAVERS

4. DATE OF DEATH: (Month) FEB (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-12-1902

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Sea Food Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Meekins Travers

14. MOTHER'S MAIDEN NAME: Rebecca Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. not known

17. INFORMANT & ADDRESS: Mrs. Edna M. Travers; Fishing Creek, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

IMMEDIATE CAUSE (A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Anoxia — 3 days.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Bronchial Asthma — Years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26 ..., 1955, to 2/28 ..., 1955, that I last saw the deceased alive on 2/28 ..., 1955, and that death occurred at 2:30 M, from the causes and on the date stated above.

SIGNATURE W. D. Franke M. D. ADDRESS Cambridge, Md. DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-2-1955 — NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park — LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-28-55 — REGISTRAR'S SIGNATURE John Meeds md

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

RECEIVED
MAR 3 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01568

1572

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 EASTERN SHORE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05 X-2
STREET ADDRESS (If rural give location) ------ √

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Turpin

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: March 24, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Turpin

14. MOTHER'S MAIDEN NAME: Katherine Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: RECORDS: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 2 1

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Arteriosclerosis — "

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1955, to 2-28, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at 8:20 AM, from the causes and on the date stated above.

SIGNATURE Arthur Lankford Jr. M. D. ADDRESS State Hosp. Cambridge Md. DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF March 2, 1955 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) (State) Near Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 3-2-55 — REGISTRAR'S SIGNATURE John Mace Jr. M.D

24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
APR 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1573

CERTIFICATE OF DEATH

01569

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge
LENGTH OF STAY (in this place) 10yrs-11moths-2 days
16 HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 12-29-2
STREET ADDRESS (If rural give location) Chesapeake Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Blanche (Last) Walker

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: April 5, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Lee

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
491X IMMEDIATE CAUSE	(A) Bronchopneumonia	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	10 yrs. plus
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Psychosis with Cerebral Arteriosclerosis	10 yrs. plus

19A. DATE OF OPERATION. --

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 2/4, 1955, that I last saw the deceased alive on 2/4, 1955, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE Robert H. Reddick M.D. ADDRESS Cambridge, Md. DATE SIGNED 2/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Feb. 4/55 NAME OF CEMETERY OR CREMATORY Manners LOCATION (City, town, or county) (State) Crisfield, Md

DATE REC'D BY LOCAL REGISTRAR 2-4-55

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Howard D. Conner ADDRESS Crisfield

Dr. Miss
6 Church St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01570

1585

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge (Rural)
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ragged Point

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural) X
STREET ADDRESS (If rural give location) Ragged Point

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) TYLER (Last) WARFIELD

4. DATE OF DEATH: (Month) FEB (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-9-1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James D. Tyler

14. MOTHER'S MAIDEN NAME: Mary Ida Shockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Russell E. Warfield: Cambridge RFD, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cancer of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9 ..., 1954 to 2/27, 1955, that I last saw the deceased alive on 2/17, 1955, and that death occurred at 12 45 A.M., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov M. D. ADDRESS Cambridge Md DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-1-1955

NAME OF CEMETERY OR CREMATORY Speddens Sewards Cemetery

LOCATION (City, town, or county) (State) James, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-28-55

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

RECEI
MAR 3 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01571

1586

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY DORCHESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SEAFORD
LENGTH OF STAY (In this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY DORCHESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEAFORD, X
STREET ADDRESS (If rural give location) RFD 3

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) ELLIS (Last) WHEATLEY

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 15, 1873
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MARINE ENGINEER
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: SETH BELL WHEATLEY
14. MOTHER'S MAIDEN NAME: CHARLOTTE ELLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MR EDWARD WHEATLEY, SEAFORD RFD 3

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension (arteriosclerosis) — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

260X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 5 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Feb 21, 1955, that I last saw the deceased alive on Feb 21, 1955, and that death occurred at 11 a. M, from the causes and on the date stated above.

SIGNATURE H. S. Kuhlman M. D. ADDRESS Sharptown Md DATE SIGNED 2/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 2/24/55
NAME OF CEMETERY OR CREMATORY GALESTOWN church
LOCATION (City, town, or county) GALESTOWN (State) MD

DATE REC'D BY LOCAL REGISTRAR Feb 24-1955
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR Paul J Smith, ADDRESS Sharptown, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAR 1 1955
BUREAU V. S.

1574

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 01572

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 10 Pine Street

3. NAME OF DECEASED: (First) JAMES (Middle) (Last) WHITTINGTON
4. DATE OF DEATH (Month) Feb. (Day) 14, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 29, 1905
9. AGE Last birthday: 49 yrs. IF UNDER 1 YEAR: Months 4 Days 5 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Yard Work
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Whittington
14. MOTHER'S MAIDEN NAME: Lena Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------- (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: 217-10-8699
17. INFORMANT & ADDRESS: Edna Whittington, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4-20.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/17/1955
NAME OF CEMETERY OR CREMATORY Cordtown Cemetery
LOCATION (City, town, or county) (State) Cordtown, Maryland

DATE REC'D BY LOCAL REG. 2-15-55
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

RECEIVED
FEB 17 19
BUREAU V. S.